

## **Guidelines for OVHA Coverage**

### **ITEM: PARAFFIN BATH**

**DEFINITION:** A device that delivers heat to a distal extremity by the use of melted paraffin and mineral oil, for the purpose of medically treating the extremity by creating a transient tissue temperature rise through heat conduction.

**GUIDELINES:** This device may be appropriate for an individual who:

- Has a chronic medical condition for which conductive heat is beneficial AND
- The paraffin bath is prescribed by a practitioner who is an active participant in the VT Medicaid program AND
- Who has successfully tried the use of paraffin in a hospital or outpatient setting with a professional practitioner skilled in the use of heat modalities without any adverse reactions AND
- Who has tried less expensive, medically appropriate treatment, which has proven unsuccessful.

### **APPLICABLE CODES:**

E0235 Paraffin bath unit, portable.

A4265 Paraffin, per pound

### **CAUTIONS:**

Contraindications: Paraffin baths are contraindicated for individuals who have open wounds in the area to be treated. "Intracapsular heating may promote accelerated destruction of articular cartilage in acute inflammatory joint pathologies." (Hayes) "Existing fever may be elevated further by heating...malignancies may metastasize due to increased blood flow...active bleeding may be prolonged...patients with cardiac insufficiency may not be able to tolerate the additional stress...patients with peripheral vascular disease have diminished capacity to meet the increased metabolic demands of heated tissues...tissues that are devitalized by x-ray therapy should not be heated" (Hayes). Also, the very old and very young have "unreliable thermoregulatory systems and may develop fever." (Hayes)

Precautions: Aggravation of pre-existing edema may occur; individuals with diminished sensation and/or diminished cognition are at risk of burns without careful monitoring.

**EXAMPLES OF DIAGNOSES:** "Sub acute and chronic traumatic and inflammatory conditions" (Hayes), such as arthritis.

### **REQUIRED DOCUMENTATION:**

- Current, complete Certificate of Medical Necessity
- Supporting documentation demonstrating that the beneficiary has a chronic medical condition for which conductive heat is beneficial AND has successfully tried the use of paraffin in a hospital or outpatient setting with a professional practitioner skilled in the use of heat modalities without any

adverse reactions AND has tried less expensive, medically appropriate treatment, which has proven unsuccessful.

**REFERENCES:**

Hayes KW. Manual for Physical Agents, 1993. Appleton and Lange, Norwalk, CT

**Medical Director's signature:** \_\_\_\_\_

**OVHA Director's signature:** \_\_\_\_\_

**Date:**

**Revision 1:**

**Revision 2:**

**Revision 3:**